

## ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	NO.	ID NO.	DATE
FEE DETERMINATION	SP		8-2-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	UT	JV708	8-21-01
RESPONSE FORMALITY REVIEW	MD	GUS	03-01-02

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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25/10/01  
SAC  
5/12/01